#### Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

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: (305)633-9696

#### FLORIDA PROFIT CORPORATION OR P.A.

#### claver valley comany

Certificate of Status	0
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### ARTICLES OF INCORPORATION



#### OF

Claver Valley Company

The undersigned incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE !

The name of this corporation shall be:

Claver Valley Company

#### ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

#### ARTICLE III

The principal place of business of this corporation is:

360 Greco Avenue, Suite 208 Coral Gables, Florida 33146

#### **ARTICLE IV**

The general nature of business of this corporation is to transact any and all lawful business.

#### ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue are 100 shares having an individual par value of \$1.00

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SECRETARY OF STATE DIVISION OF CORPORATIONS

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Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

#### ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be: S.Sanson, 360 Greco Avenue, Suite 208, Coral Gables, Florida 33146

#### **ARTICLE VII**

The name and address of the initial board of director(s) shall be: s.sanson, 360 Greco Avenue, Suite 208, Coral Gables, Florida 33146

#### ARTICLE VIII

The name and address of the incorporator executing these Articles of Incorporation is:

s. sanson, 360 Greco Avenue, Suite 208, Coral Gables, Florida 33146

The undersigned has executed the	ese Articles of Incorporation this Sta
day of March,2	<u>20 02</u>
	5 Sanoon
·	INCORPORATOR

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Claver	Valley Co	mpany		
	(	Name of Corp	oration)	

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT

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